



Heyes, Kim ORCID logoORCID: <https://orcid.org/0000-0002-9029-545X>,
Craig, Elaine ORCID logoORCID: <https://orcid.org/0000-0002-4252-3956>,
Gray, Paul ORCID logoORCID: <https://orcid.org/0000-0002-1546-9333>,
Whittenbury, Kate, Barclay, Lauren and Leigh, Jessica (2020) Young People and Mental Health: How do young people want mental health support to be delivered? Youth and Policy, Septem. ISSN 2057-4266

Downloaded from: <https://e-space.mmu.ac.uk/626795/>

Version: Accepted Version

Publisher: Youth and Policy

Please cite the published version

<https://e-space.mmu.ac.uk>

Young People and Mental health – How do young people want mental health support to be delivered?

Kim Heyes, Elaine Craig, Paul Gray, Kate Whittenbury, Lauren Barclay and Jessica Leigh

This article is co-written with young people from Youth Mental Health Matters, an organisation in Manchester that is working to support children and adolescents who are struggling with mental health.

As stated in Rapa, Dalton and Stein's (2020) recent article in the Lancet, the mental health of children and young people during the Covid-19 pandemic is being overlooked. There is already an expectation that there will be an increase in demand for mental health services as a result of the pandemic (Goldmann and Galea, 2014; Marshall et al., 2020), putting pressure on services that are already struggling to deliver timely interventions. The effects on young people in particular are anticipated because of the elongated time young people have spent by themselves, without the usual support of their friends and classmates and lacking the daily routine of schooling (Pierce et al., 2020). In July 2020, a research team from Manchester Metropolitan University and Youth Mental Health Matters ran a series of consultation groups with young people, mental health professionals, teachers and parents to investigate what support young people want to help them cope with their mental health needs during lockdown and beyond. As the groups were via Zoom, we limited the numbers so that everyone could have a say. Three young people attended the first consultation group, and another 3 attended the final consultation group. The second consultation group for parents, teachers and professionals was attended by six people, and three attended the final consultation group. One of two facilitators from Youth Mental Health Matters conducted each of the first two groups, with both of them conducting the final group. Three members of staff from Manchester Metropolitan University were present in each group to take notes. The whole team then came together the next day to discuss the issues raised. Once the first two groups had been conducted, the team discussed which issues came up in both groups and what the similarities and differences were. We fed this back to the final group for their comments, and the resulting key messages from our conversations were that the current system did not work for most people, how young people used the internet was different to how mental health professionals wanted them to use the internet, language around mental health is still a barrier, and schools could be the answer to finding support when it is needed.

The current system is broken

Young people told us that it is still a postcode lottery when it comes to accessing mental health support, with many put on extensive waiting lists for counsellors, without any support offered during the intervening time. They told us that they wanted to be able to access support when it was needed, and not have to wait for a designated session or pre-arranged appointment. Young people also get the impression that GPs think mental health is not their problem. Nevertheless, the GPs should do something to support young people while they wait for the next stage of treatment. As such, medicalisation in the form of being prescribed anti-depressants and/or anti-anxiety pills is often a preferred course of action taken by GPs. For those young people who have accessed counselling, they often found it impersonal and struggled to build a trusting relationship with the therapist within the (often limited) number of sessions offered. They also found that the turnover in therapists would necessitate having to keep retelling their story, which they found exhausting. They suggested that a book of their past history could be sent to any new therapist/professional in advance of a young person meeting them, thereby avoiding having to constantly relive their past.

Digital methods and online social media

There was a disparity between how adults (such as parents, mental health professionals and teachers) and young people thought about online support for mental health. Adults in the consultation groups admitted that they did not really understand social media or young people's online activity beyond Facebook, and could not keep up with the rapid changes to popular sites. They also felt that young people would benefit from apps or forums that are available 24 hours a day. However, the young people did not feel that they would necessarily access online support. Instead young people stated that they would use the internet to Google words that described how they were feeling, or search for them on Tumblr or Instagram. This would often lead them to websites and online content that was described as dark and overly explicit. While initially young people would be comforted knowing they were not the only ones struggling, before long they were being sent unhelpful tips that served to perpetuate their mental ill health. Notwithstanding the toxic nature of social media, young people acknowledged that social media can also be useful to help understand what their symptoms might be, and therefore help reduce any stigma and/or isolation they may have been feeling as a result of their mental ill health (Heyes, 2018).

Language and mental health literacy

The medicalised jargon used by professionals was said to be a barrier to building a trusting relationship, with some young people describing the language used as "inhumane". The terminology used by professionals is very different to that used by young people. For example, the young people stated that the word 'trauma' is overly used by professionals, when for young people the term is viewed as "strong" and "scary". Additionally, many young people did not know how to describe how they were feeling, and used language that was discussed in the media, such as depression, when they wanted to describe that they were feeling low. As stated above, certain words have negative connotations when it comes to mental health. Instead of using these terms, young people said they needed to be given the tools to talk about their feelings and emotions in a more positive way. Indeed, the young people in our consultation groups said that talking about emotions should be taught from nursery age. By doing so, the stigma associated with mental ill health could be avoided, and talking about feelings and emotions more normalised.

Another key finding was that the young people in our groups did not like the term 'resilience'. They did not really understand what it meant, and were frustrated that it seemed to be the word of choice for teachers, mental health professionals and mental health materials distributed through schools. For young people, the take home message was if they are currently struggling with mental health issues then they do not have enough resilience, which was then internalised as a "double failure".

Schools and mental health

Schools featured heavily within what young people felt was the solution, although perversely, they felt that to access mental health support in school they had to be suffering from "something really bad". They did not feel they could access school support services if what they were feeling was not serious enough in their minds.

All of the young people in our consultation groups said that they chose who to confide in. This was usually an arts teacher, music teacher, sports coach, or simply a teacher with whom the young person has a positive relationship. The therapeutic alliance between the teacher and individual is key. When a teacher is able to genuinely engage with a young person, it gives them a chance to build themselves and learn about their own identity.

With the growth in mental health awareness, a top down approach is needed to ensure everyone in educational settings receives training and support in how to engage young people in mental health conversations. The young people in our groups thought that all teachers should be trained to recognise mental ill health. However, currently, teachers are constrained by what they know alongside the pressures of delivering a curriculum.

Young people stressed that the opportunity to be involved in arts, music and sports within the school setting, along with the support received through sports coaches and teachers, was vital. Being involved in something they enjoy (even if they may not have a particular talent in that area) helps young people to open up much more than sitting in a room and just being expected to talk about their emotions. It is easier to talk whilst doing something creative, where the focus is on something else. This is consistent with previous research on positive interventions for people with mental ill health, such as being part of a choir, playing music, engaging with art, and sport and exercise (Sharma, Madaan and Petty, 2006). However, these are the areas that are at greatest risk of disappearing from our schools (Heinemeyer, 2018) with government funding constantly being cut. Therefore, while children from families that can afford to pay for extra-curricular activities will be able benefit from this provision in future, those young people from more disadvantaged backgrounds will inevitably miss out.

Our next steps

It was clear that teachers, including extracurricular coaches, are trusted individuals that young people are likely to confide in. They need mental health training, but do not have the time due to immense demands already put upon them. It is also difficult to ask yet more of teachers, although the teachers in our consultation groups felt that mental health training for all staff members would be beneficial. Therefore, providing digital support would be helpful for teachers to use when talking with young people, giving them the extra tools to support their pupils as necessary. Putting government funding into the training of teachers, and re-instating arts, music, sports and green play spaces, could reduce the strain on the NHS and alleviate the need for counselling services. This could then ensure that counselling services are available for those that still need a higher level of support, making them more accessible without long waiting times, and possibly the flexibility of increasing sessional appointments depending on individual need.

Mental health literacy needs to start from a very early age, embedded in schools from nursery until the end of tertiary education. Although we can all be responsible for engaging in those conversations with each other, reducing the stigma and supporting people that need extra help, particularly in a post lock-down world.

Notes:

Manchester Metropolitan University and Youth Mental Health Matters are currently bidding for funding to extend this research, and will be co-producing every stage of the research in collaboration with young people aged between 10 and 25.

Biographies

Kim Heyes is a Community Psychologist specialising in mental health and abuse at the Policy Evaluation and Research Unit, Manchester Metropolitan University.

Elaine Craig is a Psychologist and Senior Research Assistant in Mental Health at Manchester Metropolitan University who has just been awarded an NIHR Pre-Doc Fellowship in Psycho-Traumatology.

Paul Gray is a Senior Lecturer in the Sociology Department at Manchester Metropolitan University and Deputy Director of the Manchester Centre for Youth Studies.

Kate Whittenbury is a Ph.D. student and research assistant in the Psychology Department at Manchester Metropolitan University.

Lauren Barclay is Master's student in Journalism, and founder of the charitable group Youth Mental Health Matters, a charitable organisation working to raise awareness, educate and improve care in mental health.

Jessica Leigh is an activist and ambassador with over 4 years of experience working alongside and with young people to create change.

References:

Goldmann, E. and Galea, S. (2014) 'Mental Health Consequences of Disasters.' *Annual Review of Public Health*, 35(1) pp. 169-183.

Heinemeyer, C. (2018) Mental health crisis in teens is being magnified by demise of creative subjects in school. *The Conversation*. <https://theconversation.com/mental-health-crisis-in-teens-is-being-magnified-by-demise-of-creative-subjects-in-school-102383>

Heyes, K. (2018). *Mental Health: The dangers of the social media diagnosis*. Retrieved from <https://theconversation.com/mental-health-the-dangers-of-the-social-media-diagnosis-90717>

Marshall, L., Bibby, J. and Abs, I. (2020) Emerging evidence on COVID-19's impact on mental health and health inequalities. *News and Comment*. The Health Foundation.

Pierce, M., Hope, H., Ford, T. and al., e. (2020) Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. *The Lancet Psychiatry*: Elsevier.

Rapa, E., Dalton, L. and Stein, A. (2020) Talking to children about illness and death of a loved one during the COVID-19 pandemic. Vol. 4, pp. 560-562. *The Lancet Child and Adolescent Health*: Elsevier.

Sharma, A., Madaan, V., & Petty, F. D. (2006). Exercise for mental health. *Primary care companion to the Journal of clinical psychiatry*, 8(2), 106. <https://doi.org/10.4088/pcc.v08n0208a>

